

SOLDIER'S RIGHTS WARNING STATEMENT

(to be completed as part of Line Of Duty)

I have been advised this date _____ that I am not required by law to make any statement relating to the origin, incurrence, or aggravation of any injury or medical problem incurred while in a duty status. I understand my right and (soldier initial one of the following):

check
Box
option

_____ elect to make a statement which is attached.

Or

_____ elect not to make a statement.

SOLDIER'S FULL NAME: _____

SOLDIER'S SSN: _____

Signature of Soldier

Signature of Command
Representative

SDNG Form 51-R dtd 26 NOV 99

APPLICATION FOR SOUTH DAKOTA NATIONAL GUARD TUITION ASSISTANCE (SDCL 33-6)

SECTION I - PERSONAL DATA

NAME: (Last, First, MI)		SSN:
MAILING ADDRESS: Street, City, State, Zip	PERMANENT ADDRESS: Street, City, State, Zip	

SECTION II - EDUCATION

List all post secondary public schools you have attended while receiving benefits under this program. Indicate where you are currently enrolled, or plan to be enrolled this semester or term.

FROM: MMYY	TO: MMYY	NAME AND LOCATION OF SCHOOL:	COURSE OF STUDY: (vocational/academic)	DEGREE & DATE OF GRADUATION
Drop Down Box				

List all educational assistance benefits you are receiving.

BENEFIT:	AMOUNT:

CERTIFICATION BY APPLICANT

I certify that the above information is true and correct, and hereby make application for reduced tuition. I agree that if it is determined that I am ineligible for such reduced tuition, under the eligibility requirements set forth in SDCL 33-6-7 (reverse of this form), will immediately pay any deficiency caused by this ineligibility.

 Applicant's Signature Drop Down Box
Date

SECTION III - MILITARY SERVICE

UNIT OF ASSIGNMENT/ATTACHMENT AND ADDRESS:

PAY GRADE:	PAY ENTRY BASE DATE:	EXPIRATION TERM OF SERVICE:	IADT COMPLETION DATE:

CERTIFICATION BY COMMANDING OFFICER OR AUTHORIZED REPRESENTATIVE

I hereby certify, that as of the date of this application: I am an authorized representative of the unit of assignment/attachment for the above applicant, that the applicant is a member of the South Dakota National Guard, has satisfactorily completed Initial Active Duty for Training (IADT - Basic Training), and is satisfactorily performing Inactive Duty Training and Annual Training with his unit of assignment/attachment.

 Typed/Printed Name and Pay Grade
 Electronic Signature
Signature of Authorizing Official
Drop Down Box
Date

FOR SCHOOL USE ONLY

APPROVED: Check Box
 DISAPPROVED: _____
 REASON FOR DISAPPROVAL: _____

AMOUNT OF HALF TUITION: \$ _____

 School Official's Signature Drop Down Box
Date

INSTRUCTIONS TO APPLICANT FOR COMPLETING TUITION ASSISTANCE APPLICATION

1. Complete Sections I and II, sign and submit to parent unit for verification of military service and commanding officer/authorized representative signature.
2. Submit the completed SDNG Form 56 directly to the school Registrar for approval, at or before registration.

PROCEDURES FOR OBTAINING REDUCED TUITION

1. Each post secondary school will approve or disapprove applications, based on their requirements concerning residence and satisfactory academic progress.
2. Each institution will prepare lists of all approved and disapproved applications and the amounts of tuition payment involved; and forward these lists to the Department of Education and Cultural Affairs (DECA). Final approval is up to DECA, in consultation with the Department of Military and Veterans Affairs. DECA will maintain cumulative totals of each member's participation in the program.
3. Students with approved applications, enrolled in one of the institutions listed below, will receive a reduction of fifty percent of tuition when they register.
4. Fifty percent free tuition is applicable for undergraduate or vocational studies only.

STATE SUPPORTED SCHOOLS

Black Hills State University
1200 University Avenue
Spearfish, SD 57799-9502

Dakota State University
820 North Washington
Madison, SD 57042-1799

Northern State University
South Jay Street
Aberdeen, SD 57401

South Dakota School of Mines & Technology
501 East St. Joseph Street
Rapid City, SD 57701-3995

South Dakota State University
P.O. Box 2201
Brookings, SD 57007-1198

Lake Area Technical Institute
230 11th Street NE
Watertown, SD 57201-0730

Mitchell Technical Institute
821 North Capital Street
Mitchell, SD 57301-2002

Southeast Technical Institute
2301 Career Place
Sioux Falls, SD 57107-1302

Western Dakota Technical Institute
1600 Sedivy Lane
Rapid City, SD 57701-4178

University of South Dakota
414 East Clark Street
Vermillion, SD 57069-2390

PARTICIPATION ELIGIBILITY REQUIREMENTS **SDCL 33-6-7**

1. SDCL 33-6-7: To receive fifty percent of tuition without cost, an applicant must:
 - a. Be a bona fide resident of South Dakota and a member of the South Dakota National Guard, Army or Air, throughout each term for which they apply for benefits.
 - b. Have satisfactorily completed initial active duty service.
 - c. Have satisfactorily performed duty upon return from initial active duty training, including a minimum ninety percent attendance of scheduled drill dates and at annual training with their parent unit.
 - d. Maintain satisfactory academic progress.
 - e. Provide proper notice to the institution at or before registration for the term in which benefits are sought.
2. In addition, an eligible member is entitled to no more than four academic years, or one course of study in vocational education.

TE: Any applicant whose application is disapproved by a school may appeal directly to a Secretary of the Department of Education and Cultural Affairs, 700 Governors Drive, Pierre, SD 57501-2291, who will review the matter; and if necessary, hold a contested case hearing pursuant to SDCL 1-26.

Drop Down Box

SDNG FORM 58.1RE (1 APR 05)

Drop Down Box

SDNG FORM 58.1 (1 APR 05)

Service Date: Drop Box Mileage:

Service Due: Drop Down Mileage:

[illegible]

**ADMINISTRATIVE
Vehicle Request Form**

Date of request
Drop Down Box

TO: SDDCSLOG - Services Branch
Building 455
2823 West Main Street
Rapid City, SD 57702-8186

The following information is required to process
your vehicle request for GSA vehicles:

1. UNIT/DEPT: _____
2. Name of Operator: _____
3. Phone number: _____
4. Destination: _____
5. Purpose of trip: _____
6. Dep. Time and Date: Drop Down Box
7. Est. date and time of return: Drop Down Box
8. Type vehicle requesting: _____
9. Number of Passengers: Drop Down Box
10. Print Supervisor's Name: _____
11. Signature of Supervisor: Electronic Signature
12. Out-of-state Travel: ☐ (Yes) ☐ (No) Check Box
13. Approval for out-of-state: _____

REMARKS: _____

APPLICATION FOR RECRUITING INCENTIVE AWARD

TO: (FTRF Recruiter Name & Address)

FROM: (Unit & Unit Address)

INDIVIDUAL DATA

NAME: (LAST, FIRST, MI)

SSAN:

RANK:

DATE OF ENLISTMENT:

(YYYYMMDD) Drop Down Box

IAW Paragraph 5-3, Chapter 5, SDNG Pam 601-1, the individual named above is responsible for the enlistment of the individuals listed below. (List all applicable enlistments)

NO:	NAME: Last, First, MI	UNIT OF ASSIGNMENT:	DATE OF ENLISTMENT: (YYYYMMDD)
Drop Down Box			Drop Down Box

AUTHENTICATION - RECRUITER USE ONLY

APPROVAL: Check Box option

☐ APPROVED

☐ DISAPPROVED

AWARD: Check Box option

- ☐ TAG TWO STAR CUP
- ☐ SDNG Recruiting Ribbon
- ☐ Individual is promoted to IAW Chapter 2 NGR 600-200.

effective Drop Down Box

REMARKS:

SIGNATURE, NAME AND RANK OF FTRF RECRUITER:

Electronic Signature

DATE: 2000-09-14

Drop Down Box

NOUN: _____ MODEL: _____ ADMIN NO: _____
USA: _____ SN: _____
NSN: _____ ERC: _____
ECC: _____ LIN: _____ EIC: _____
NEXT SERVICE DUE ~~Drop Down Box~~ NEXT LUBE DUE ~~Drop Down Box~~
~~Drop Down Box~~ ~~Drop Down Box~~ ~~Drop Down Box~~
LAST OIL CHANGE NEXT SAMPLE DUE OIL ADDED

OPERATOR _____ SUPERVISOR _____

UNIT
SDNG FORM 63-R (29 Jun 92) TECH MANUAL

NOUN: _____ MODEL: _____ ADMIN NO: _____
USA: _____ SN: _____
NSN: _____ ERC: _____
ECC: _____ LIN: _____ EIC: _____

NEXT SERVICE DUE ~~Drop Down Box~~ NEXT LUBE DUE ~~Drop Down Box~~
~~Drop Down Box~~ ~~Drop Down Box~~ ~~Drop Down Box~~
LAST OIL CHANGE NEXT SAMPLE DUE OIL ADDED

OPERATOR _____ SUPERVISOR _____

UNIT
SDNG FORM 63-R (29 Jun 92) TECH MANUAL

NOUN: _____ MODEL: _____ ADMIN NO: _____
USA: _____ SN: _____
NSN: _____ ERC: _____
ECC: _____ LIN: _____ EIC: _____
NEXT SERVICE DUE ~~Drop Down Box~~ NEXT LUBE DUE ~~Drop Down Box~~
~~Drop Down Box~~ ~~Drop Down Box~~ ~~Drop Down Box~~
LAST OIL CHANGE NEXT SAMPLE DUE OIL ADDED

OPERATOR _____ SUPERVISOR _____

UNIT
SDNG FORM 63-R (29 Jun 92) TECH MANUAL

NOUN: _____ MODEL: _____ ADMIN NO: _____
USA: _____ SN: _____
NSN: _____ ERC: _____
ECC: _____ LIN: _____ EIC: _____

NEXT SERVICE DUE ~~Drop Down Box~~ NEXT LUBE DUE ~~Drop Down Box~~
~~Drop Down Box~~ ~~Drop Down Box~~ ~~Drop Down Box~~
LAST OIL CHANGE NEXT SAMPLE DUE OIL ADDED

OPERATOR _____ SUPERVISOR _____

UNIT
SDNG FORM 63-R (29 Jun 92) TECH MANUAL

PROPERTY ACCOUNTING MANAGEMENT INFORMATION SYSTEM WORKSHEET
(For use of this form see USPFO Field SOP)

(LOGA GPLD)

TYPE ACCOUNT CODE

A = Organizational Property Book
C = TDA Property Book

Drop Down
Box

B = Installation Property Book
D = Annex to Property Book (COMSEC)

TYPE AUTHORIZATION CODE

1 = TOE
9 = Other

2 = TDA

3 = CTA

6 = Maintenance Float

B = Unauthorized Item

Drop Down
Box

REASON CODE

A = Change of Command B = Shelf Life Expire C = Airdrop D = Aircraft Crash
E = Vehicle Accident F = AT or FT G = Inventory H = Nat Disaster
J = Fire K = Admin/Act Error L = Theft Armory M = Theft Other
P = Shipping Adjust R = State Active Duty S = Other

Drop Down
Box

TYPE PROPERTY CODE

1 = CTA (except clothing)
5 = Weapon/Ammo
9 = Other

2 = POL

6 = Handtools

3 = Org Clothing

4 = Indiv Clothing

7 = Components

8 = MTOE

Drop Down
Box

NATIONAL STOCK NUMBER

TYPE ADJUSTMENT DOCUMENT

1 = Recovery Document
4 = Cash Collection Voucher

2 = Report of Survey

3 = Statement of Charges

Drop Down
Box

UNIT OF ISSUE

QUANTITY

Drop Down
Box

DOCUMENT NUMBER

DODAAC

Drop Down
Box

Date

Serial Number

DAMAGE CODE

Drop Down
Box

D = Damage, otherwise this position is left blank

LINE ITEM NUMBER OF AUTHORIZED ITEM

(If unauthorized, enter the line item number of the national stock number)

NOMENCLATURE OF NATIONAL STOCK NUMBER

TOTAL DOLLAR VALUE

(quantity multiplied by unit price)

ATTACH A COPY OF THE ADJUSTMENT DOCUMENT AND SEND TO THE OUSPFO, ATTN: SDPFO-S
IMMEDIATELY AFTER THE DOCUMENT NUMBER IS ASSIGNED BY THE PROPERTY BOOK OFFICER

FOR OUSPFO USE ONLY: DIC

T&A

LCC

ARC

RICC

Type Account

SDNG FORM 66 (29 Jun 92)

Previous editions are obsolete and will not be used

REQUEST FOR AIRCRAFT SUPPORT

Check Box option
TYPE AIRCRAFT REQUESTED: FIXED WING ☒ ROTARY WING ☒

ITINERARY

<u>Drop Down Box</u> Date	<u>Drop Down Box</u> Departure Time/Zone	PAX	Departure Airport	P/U Point	Arrival Airport	Drop Off Point	<u>Drop Down Box</u> Desired Arrival Time/Zone

PASSENGER MANIFEST ON REVERSE SIDE OF FORM

PASSENGER BAGGAGE NOT TO EXCEED 30 LBS

LARGEST CARGO ITEM

Length	in
Width	in
Height	in
Weight	lbs

Total Cargo Weight _____

Total Cargo Pieces _____

HEAVIEST CARGO ITEM

Length	in
Width	in
Height	in
Weight	lbs

Purpose of Flight _____

POC: _____ Date: Drop Down Box Phone: _____

Electronic Signature
Authorizing Official

Electronic Signature
Senior Traveler Signature

***** Mission Validator Use Only *****

Priority 2 Justification _____

Electron Signature
Mission Validator Signature

Check Box option
Priority 2 _____

The undersigned certifies that the requested mission requirements use airlift of eligible personnel/cargo and that schedule or delivery constraints are such that the mission cannot be satisfied by any other mode of travel. It is further certified that commercial travel schedules have been checked and do not meet the critical requirements of the mission.

Check Box option
Priority 3 _____

The undersigned certifies that the requested mission is an official business airlift of eligible personnel or cargo. It is further certified that commercial travel schedules have been checked and do not meet the requirements of this mission.

PASSENGER MANIFEST

NAME (LAST/FIRST/MI)	RANK	SSN	WEIGHT	DEP AIRPORT	ARR AIRPORT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

VERIFICATION OF EDUCATION

SUBJECT: High School Academic Standing

FROM:

TO: South Dakota Army National Guard

This is to certify that _____ is
currently enrolled and will graduate upon the completion of the
academic requirements of this institution.

Signature

Name (printed or typed)

Title

SECURITY ORIENTATION STATEMENT

NAME: (Last, First, Middle Initial)


GRADE: SOCIAL SECURITY NO:


ORGANIZATION:

SPECIAL CLEARANCE/SPECIAL ACCESS:

I HEREBY STATE THAT I HAVE READ OR HAD EXPLAINED TO ME AND I UNDERSTAND THE PROVISIONS OF THE DIRECTIVES LISTED BELOW AND THAT I AM AWARE OF MY RESPONSIBILITY FOR SAFEGUARDING CLASSIFIED INFORMATION, AND THAT I AM LIABLE TO PROSECUTION UNDER SECTIONS 793, 794 AND 798 OF TITLE 18, US CODE, IF EITHER BY INTENT OR NEGLIGENCE, I ALLOW CLASSIFIED INFORMATION TO PASS INTO UNAUTHORIZED HANDS.

AR 380-5
SDNG PAM 380-5

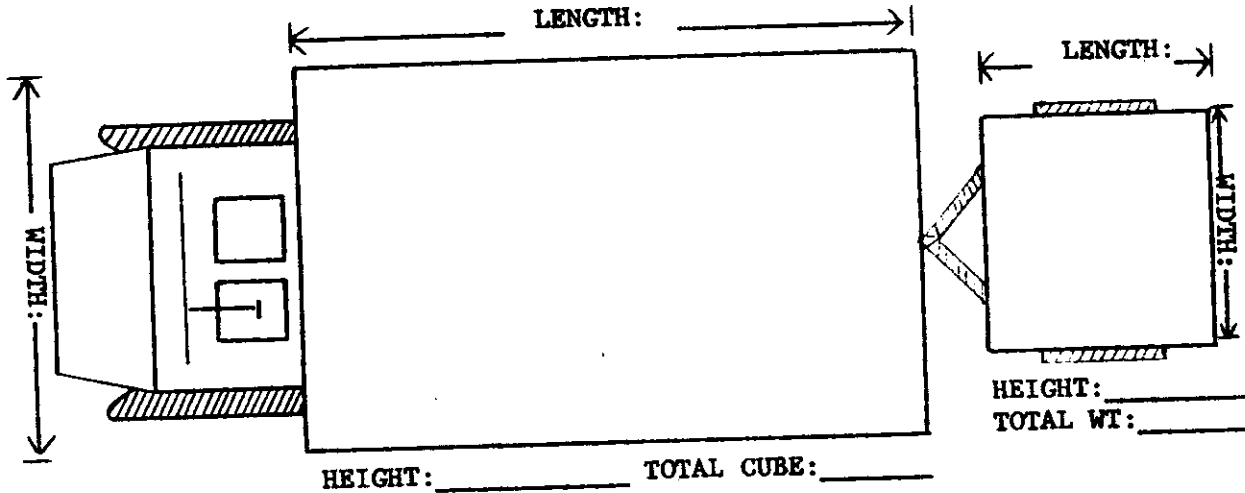
DATE Drop Down Box	TYPE OF BRIEFING (Indicate Initial or Annual)	SIGNATURE 
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[illegible][illegible]

INSTRUCTIONS: This form will be used for recording initial and annual security briefing requirements. Once initiated, this form may be used to record subsequent briefings accomplished by individual indicted on this form until all space above has been utilized.

DATE: Drop Down Box
CONVOY NO: _____

LENGTH:



VEH TYPE: _____
VEH WT: _____
TRL. TYPE: _____
TRL WT: _____

USA NO: _____
CARGO WT: _____
USA NO. _____
CARGO WT: _____

BUMPER NO: _____
 TOTAL WT: _____
 BUMPER NO: _____
 TOTAL WT: _____

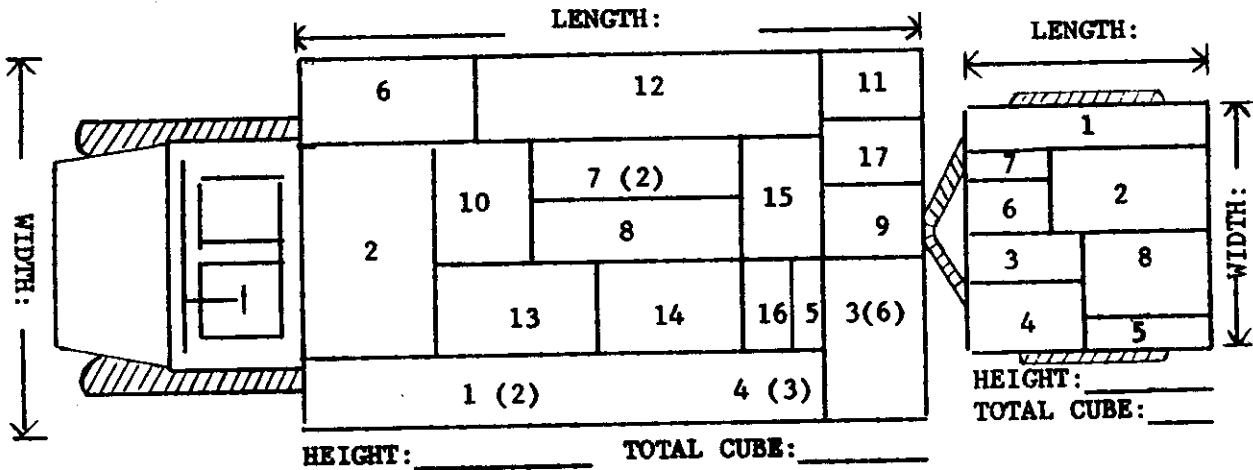
[illegible]

(SAMPLE)

VEHICLE LOAD PLAN

SECTION: _____

DATE: _____
CONVOY NO: _____



VEH TYPE: _____
VEH WT: _____
TRL. TYPE: _____
TRL WT: _____

USA NO: _____
CARGO WT: _____
USA NO: _____
CARGO WT: _____

BUMPER NO: _____
TOTAL WT: _____
BUMPER NO: _____
TOTAL WT: _____

KEY	ITEMIZED CARGO LIST	QTY	CUBIC FEET	WEIGHT
1	Tent, w/poles and pegs	2	36	875
2	Desk, field, w/supplies	1	18	40
3	Chairs, folding	6	12	32
4	Table, folding	3	8	54
5	Kit, tool	1	5	60
6	Crate, parts	1	15	95
7	Cots, folding	2	32	36
	8-17 OMITTED			
	TRAILER			
1	Kit, tool, radio rpr.	1	10	80
2	Test equip. kit	1	7	24
3	Can, water, 5 gal	2	3	90
	4-18 OMITTED			

USE BLOCK DIAGRAM TO SHOW LOCATION OF ITEMS STOWED IN BOTH VEHICLE AND TRAILER.
ALL LENGTH, WIDTH, HEIGHT AND CUBE WILL BE BASED ON STOWAGE CAPACITY
(REF. TB 55-46-1)

~~CONFIDENTIAL~~

EMPLOYEE ID	BLK/GRP	ACT UIC	DIST	EMPLOYEE NAME	PAY PD END DATE
				WORK HOURS: Drop Down	EXT:

1/1 1/2 1/3 1/4 1/5 1/6 1/7 2/1 2/2 2/3 2/4 2/5 2/6 2/7

[illegible][illegible]

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT.

Electronic Signature
AUTHORIZED SIGNATURE